

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Massachusetts Department of Environmental Protection Bureau of Waste Prevention Beauting Recaling Cortification for

Recycling Baseline Certification for Mercury-Added Lamp Manufacturers

20	
Calendar Year	
Business Name	

Filing Deadline: This form is due to MassDEP on March 1 following the calendar year for which you are certifying. For calendar year 2007 only, the deadline is May 16, 2008.

Street Address City/Town Contact Person Contact Email Address Mailing Address (if different) Street Address/P.O. Box City/Town State Zip Code Zip Code Street Address/P.O. Box City/Town State Zip Code State Zip Code State Zip Code State Zip Code State Address/P.O. Box City/Town State Zip Code	Name						
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Contact Email Address Mailing Address (if different)	City/To	own	State	Zip Code			
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Massachusetts Department of Environmental Protection Bureau of Waste Prevention

Recycling Baseline Certification for Mercury-Added Lamp Manufacturers

20	
Calendar Year	
Business Name	

P. Maraury Added Lampa Available for Decycling in Maca

В.	B. Mercury-Added Lamps Available for Recycling in Mass. (continued)				
3.		provided data for Question 2, subtract those to d a total annual number of mercury-added lam	otals from the totals in each year from Question 1 ups available for recycling in Massachusetts.		
	2002:		2003:		
		Number of Units	Number of Units		
	2004:	Number of Units	2005: Number of Units		
	2006:	2007:			
		Number of Units	Number of Units		
4.	Estima	ated average life expectancy of mercury-added	d lamps you sold in Massachusetts: Hours		
C.	Reco	ords Retention			
1.	Note: F		ification, as required by 310 CMR 75.04(8)? of mercury-added lamps sold in Massachusetts ve (5) years and be made available to MassDEP		
		Yes	☐ No – Submit Return to Compliance Plan		
D.	Certi	ification Statement			
I	attest un	nder pains and penalties of perjury:			
1.	. That I h	nave personally examined and am familiar with	Authorized Signature		
		nation contained in this submittal, including any ocuments accompanying this certification	Printed Name		
S	statement	t;	Title		
responsible for obtaining the information, the information					
		I in this submittal is, to the best of my knowledge, irate, and complete;	Date Signed (MM/DD/YYYY)		
I	II. That s	ystems to maintain compliance are in place at ess and will be maintained even if processes or	Source of Signatory Authority:		
C	perating	procedures are changed; and	If a Corporation:		
IV. That I am fully authorized to make this attestation on behalf of this business.			☐ President ☐ Secretary		
I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.		nited to, possible fines and imprisonment, for	☐ Treasurer ☐ Vice President		
			Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)		
		COPY OF THIS COMPLETED FORM	,		
	AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE		If a Partnership:		
	ORIGINAL SIGNED FORM TO:	☐ General Partner			
N	MassDEP Mercury Products Program	If a Sole Proprietorship:			
One Winter Street, 6th floor Boston, MA 02108		ter Street, 6th floor	Proprietor		